

SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND
Case 3:07-cv-03204-PJH Document 16-5 Filed 01/22/2008 Page 2 of 16
EMPLOYER'S REPORT OF CONTRIBUTIONS

EMPLOYER NAME & ADDRESS			REPORTING DATES		FOR ADMINISTRATION USE ONLY			
Er#: 358200 Phone: 707/766-9790 0666 Name: M T B INCORPORATED Addr: 620 PETALUMA BLVD #C-2 PETALUMA CA 94952-2870			Local: 104 For Work Performed During: 05/2007 Rate Code: 118 Contribution Due: 06/10/2007 Delinquent If Received After: 06/20/2007		Postmark Date: 6/19/07 Deposit Date: 6/20/07 Check Number: Check Amount: Entered By: <i>Paid</i>			
CONTRACT								
Area: 0666 NORTH BAY Asso.: 81 SMACNA		Agreement: 01 BUILDING TRADES - PRE-APPRENTICE Job Class: 100 PRE-APPRENTICE						
RATE CODE 118		EMPLOYEE HOURS REPORTED		<i>All hours reported should be the actual hours worked and not multiplied by .5, 1.5 or 2.</i> <i>Total Hours Worked Includes straight hours worked, overtime hours, and double time hours.</i>				
Total Hours Worked Rate Health .00 SHC .00 Nor Cal Pension .00 National Pension .00 Dues Check Off .25 Appr Train .87 SMOHIT .00 Industry Prom .65 Supp Pen 1 .00 Supp Pen 2 .00 Vacation .75 Total 2.52 ⁽¹⁾		SOC. SEC. NUMBER 613-26-1274 HOWARD, COREY 613-07-7763 MCGOLDRICK, PETER		STRAIGHT HOURS WORKED	OVERTIME HOURS	DOUBLE TIME HOURS	TOTAL HOURS WORKED	130 MINIMUM HEALTH CARE HOURS
Overtime Hours Rate Supp Pen 2 .000 Vacation .375 Total .375 ⁽²⁾								
Double Time Hours Rate Supp Pen 2 .00 Vacation .75 Total .75 ⁽³⁾								
Minimum Health Care Hours Rate Health 7.04 Total 7.04 ⁽⁴⁾								
EMPLOYER CERTIFICATION								
The Employer certifies that the information herein is correct; that this report covers all hours worked or paid during the period for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Sheet Metal Workers International Association; and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the applicable Trust Agreements, including specifically the provisions of each Trust Agreement describing liquidated damages for delinquencies and other obligations of Employers, and authorized the depository bank to transfer the moneys remitted herewith to the appropriate Trusts in accordance with instructions issued by the Trustees thereof and any Joint Services Agreement entered into. The undersigned certifies under penalty of perjury that he or she is duly authorized by the above-named employer to sign and submit this report on behalf of such Employer.								
Certifying Signature <i>Patricia Lane 6/19/07 Acting Mgr.</i> Date <i>6/19/07</i> Title <i>Actg. Mgr.</i>		TOTAL HOURS: MULTIPLY TOTAL HOURS BY RATE: AMOUNT DUE:						
<input checked="" type="checkbox"/> Check here if No Hours to report for Rate Code 118. Please retain a copy of the form(s) for your records.								

REMITTANCE ADDRESS

Total all form(s) and issue one check payable to:

**SHEET METAL WORKERS
ATTN: CONTRIBUTION DEPT
PO BOX 45312
SAN FRANCISCO CA 94145**

RATE CODE 118 TOTAL AMOUNT DUE:

SHEET METAL WORKERS OF NORTHERN CALIFORNIA PENSION TRUST FUND
 Case 3:07-cv-06204-JJP Document 16-5 Filed 6/22/2008 Page 3 of 16

EMPLOYER'S REPORT OF CONTRIBUTIONS

EMPLOYER NAME & ADDRESS

Er# 358200 Phone: 707/766-9790 0666
 Name: M T B INCORPORATED
 Addr: 620 PETALUMA BLVD #C-2
 PETALUMA CA 94952-2870

REPORTING DATES

Local: 104
 For Work Performed During: 05/2007
 Rate Code: 126
 Contribution Due: 06/10/2007
 Delinquent If Received After: 06/20/2007

FOR ADMINISTRATION USE ONLY

Postmark Date: / /
 Deposit Date: / /
 Check Number: _____
 Check Amount: _____
 Entered By: _____

CONTRACT

Area: 0666 NORTH BAY Agreement: 10 BUILDING TRADES
 Asso.: 81 SMACNA Job Class: 300 JOURNEYPERSON, FOREPERSON 2

RATE CODE 126

Total Hours Worked Rate	
Health	8.43
SHC	.44
Nor Cal Pension	5.80
National Pension	1.84
Dues Check Off	2.32
Appr Train	1.00
SMOHIT	.02
Industry Prom	.65
Supp Pen 1	1.50
Supp Pen 2	.00
Vacation	5.30
Total	27.30 ⁽¹⁾

Overtime Hours Rate	
Supp Pen 2	.000
Vacation	2.650
Total	2.650 ⁽²⁾

Double Time Hours Rate	
Supp Pen 2	.00
Vacation	5.30
Total	5.30 ⁽³⁾

EMPLOYEE HOURS REPORTED

*All hours reported should be the actual hours worked and not multiplied by .5, 1.5 or 2.
 Total Hours Worked includes straight hours worked, overtime hours, and double time hours.*

SOC. SEC. NUMBER	EMPLOYEE NAME (Last Name, First Name, Middle Initial)	STRAIGHT HOURS WORKED	OVERTIME HOURS	DOUBLE TIME HOURS	TOTAL HOURS WORKED
560-39-8846	BIANCO, M.				
569-92-8569	DEANDREIS, FRANCIS.				
559-98-8017	LUNDBERG, JOHN				
553-65-1588	WARNER, JUSTIN	160	4		164

Variance: Up \$10.80

*Total amount due should be \$4487.80 net
 \$4471.00*

**EMPLOYER
CERTIFICATION**

The Employer certifies that the information herein is correct; that this report covers all hours worked or paid during the period for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Sheet Metal Workers International Association; and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the applicable Trust Agreements, including specifically the provisions of each Trust Agreement describing liquidated damages for delinquencies and other obligations of Employers, and authorized the depository bank to transfer the money remitted herewith to the appropriate Trusts in accordance with instructions issued by the Trustees thereof and any Joint Services Agreement entered into. The undersigned certifies under penalty of perjury that he or she is duly authorized by the above-named employer to sign and submit this report on behalf of such Employer.

Value of plane 9/1/07 Acctg Mgr.

Certifying Signature

Date

Title

Check here if No Hours to report for Rate Code 126.

Please retain a copy of the form(s) for your records.

TOTAL HOURS:	160	MULTIPLY TOTAL HOURS BY RATE:	2.650 ⁽²⁾	AMOUNT DUE:	10.60
		N/A	5.30 ⁽³⁾		27.30 ⁽¹⁾

RATE CODE 126 TOTAL AMOUNT DUE: *4471.00*

4487.80

REMITTANCE ADDRESS

Total all form(s) and issue one check payable to: Remit form(s) and payment to:

SHEET METAL WORKERS OF NORTHERN
 CALIFORNIA PENSION TRUST FUND

SHEET METAL WORKERS
 ATTN: CONTRIBUTION DEPT.
 PO BOX 45312
 SAN FRANCISCO CA 94145-45312

SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND
Case 3:07-cv-06201-JDP Document 16-5 Filed 07/22/2008 Page 4 of 16
EMPLOYER'S REPORT OF CONTRIBUTIONS

EMPLOYER NAME & ADDRESS			REPORTING DATES		FOR ADMINISTRATION USE ONLY				
En#: 358200 Phone: 707/766-9790 0666 Name: M T B INCORPORATED Addr: 620 PETALUMA BLVD #C-2 PETALUMA CA 94952-2870			Local: 104 For Work Performed During: 05/2007 Rate Code: 141 Contribution Due: 06/10/2007 Delinquent If Received After: 06/20/2007		Postmark Date: ____/____/____ Deposit Date: ____/____/____ Check Number: _____ Check Amount: _____ Entered By: _____				
CONTRACT									
Area: 0666 NORTH BAY Asso.: 81 SMACNA		Agreement: 70 SERVICE TECHNICIAN Job Class: 252 TRAINEE 2ND 6 MONTHS							
RATE CODE 141		EMPLOYEE HOURS REPORTED		<i>All hours reported should be the actual hours worked and not multiplied by 5, 1.5 or 2.</i> <i>Total Hours Worked includes straight hours worked, overtime hours, and double time hours.</i>					
Total Hours Worked Rate		SOC. SEC. NUMBER		EMPLOYEE NAME (Last Name, First Name, Middle Initial)	STRAIGHT HOURS WORKED	OVERTIME HOURS	DOUBLE TIME HOURS	TOTAL HOURS WORKED	130 MINIMUM HEALTH CARE HOURS
Health .00 SHC .44 Nor Cal Pension 1.08 National Pension .64 Dues Check Off .70 Appr Train 1.00 SMOHIT .00 Industry Prom .65 Supp Pen 1 .30 Supp Pen 2 .00 Vacation 1.80 Total 6.61 (1)		614-07-0204		MCGOLDRICK, NICK					
Overtime Hours Rate									
Supp Pen 2 .000 Vacation .900 Total .900 (2)									
Double Time Hours Rate									
Supp Pen 2 .00 Vacation 1.80 Total 1.80 (3)									
Minimum Health Care									
Hours Rate									
Health 7.04 Total 7.04 (4)									
EMPLOYER CERTIFICATION									
<p>The Employer certifies that the information herein is correct; that this report covers all hours worked or paid during the period for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Sheet Metal Workers International Association; and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the applicable Trust Agreements, including specifically the provisions of each Trust Agreement describing liquidated damages for delinquencies and other obligations of Employers, and authorized the depository bank to transfer the moneys remitted herewith to the appropriate Trusts in accordance with instructions issued by the Trustees thereof and any Joint Services Agreement entered into. The undersigned certifies under penalty of perjury that he or she is duly authorized by the above-named employer to sign and submit this report on behalf of such Employer.</p>									
Identifying Signature		Date	Title	TOTAL HOURS:					
<input type="checkbox"/> Check here if No Hours to report for Rate Code 141.				MULTIPLY TOTAL HOURS BY RATE:	N/A	.900 (2)	1.80 (3)	6.61 (1)	7.04 (4)
				AMOUNT DUE:					

Verifying Signature _____ Date _____
 Check here if No Hours to report for Rate Code 141

Check here if No Hours to report for Rate Code 141

Please retain a copy of the form(s) for your records.

REMITTANCE ADDRESS

REMITTANCE ADDRESS

Total all form(s) and issue one check payable to:
SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND

CALIFORNIA PENSION TRUST FUND

Remit form(s) and payment to:
**SHEET METAL WORKERS
ATTN: CONTRIBUTION DEPT.
PO BOX 45312
SAN FRANCISCO, CA 94145-45312**

RATE CODE 141 TOTAL AMOUNT DUE:

SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND
Case #07-00024-JP Document 16-5 Filed 01/22/2008 Page 5 of 16
EMPLOYER'S REPORT OF CONTRIBUTIONS

EMPLOYER NAME & ADDRESS			REPORTING DATES		FOR ADMINISTRATION USE ONLY				
Er#: 358200 Phone: 707/766-9790 0666 Name: M T B INCORPORATED Addr: 620 PETALUMA BLVD #C-2 PETALUMA CA 94952-2870			Local: 104 For Work Performed During: 05/2007 Rate Code: 144 Contribution Due: 06/10/2007 Delinquent If Received After: 06/20/2007		Postmark Date: ____/____/_____ Deposit Date: ____/____/_____ Check Number: _____ Check Amount: _____ Entered By: _____				
CONTRACT									
Area: 0666 NORTH BAY Asso.: 81 SMACNA		Agreement: 70 SERVICE TECHNICIAN Job Class: 600 SERVICE TECHNICIAN 2							
RATE CODE 144		EMPLOYEE HOURS REPORTED		All hours reported should be the actual hours worked and not multiplied by .5, 1.5 or 2. Total Hours Worked includes straight hours worked, overtime hours, and double time hours.					
Total Hours Worked Rate		SOC. SEC. NUMBER		EMPLOYEE NAME (Last Name, First Name, Middle Initial)	STRAIGHT HOURS WORKED	OVERTIME HOURS	DOUBLE TIME HOURS	TOTAL HOURS WORKED	130 MINIMUM HEALTH CARE HOURS
Health .00 SHC .44 Nor Cal Pension 2.25 National Pension .81 Dues Check Off 1.10 Appr Train 1.00 SMOHIT .00 Industry Prom .65 Supp Pen 1 1.50 Supp Pen 2 .00 Vacation 4.30 Total 12.05 (1)		559-47-7647		WALKER, CHRISTOPHER					
Overtime Hours Rate									
Supp Pen 2 .00 Vacation 2.150 Total 2.150 (2)									
Double Time Hours Rate									
Supp Pen 2 .00 Vacation 4.30 Total 4.30 (3)									
Minimum Health Care									
Hours Rate									
Health 7.04 Total 7.04 (4)									
EMPLOYER CERTIFICATION									
<p>The Employer certifies that the information herein is correct; that this report covers all hours worked or paid during the period for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Sheet Metal Workers International Association; and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the applicable Trust Agreements, including specifically the provisions of each Trust Agreement describing liquidated damages for delinquencies and other obligations of Employers, and authorized the depository bank to transfer the moneys remitted herewith to the appropriate Trusts in accordance with instructions issued by the Trustees thereof and any Joint Services Agreement entered into. The undersigned certifies under penalty of perjury that he or she is duly authorized by the above-named employer to sign and submit this report on behalf of such Employer.</p>									
Certifying Signature		Date	Title	TOTAL HOURS:					
<input checked="" type="checkbox"/> Check here if No Hours to report for Rate Code 144.				MULTIPLY TOTAL HOURS BY RATE:	N/A	2.150 (2)	4.30 (3)	12.05 (1)	7.04 (4)
Please retain a copy of the form(s) for your records.				AMOUNT DUE:					

REMITTANCE ADDRESS

Total all form(s) and issue one check payable to: Remit form(s) and payment to:

**SHEET METAL WORKERS of NORTHERN
CALIFORNIA PENSION TRUST FUND**

**SHEET METAL WORKERS
ATTN: CONTRIBUTION DEPT.
PO BOX 45312
SAN FRANCISCO CA 94145-45312**

RATE CODE 144 TOTAL AMOUNT DUE:

SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND Case #07-000000000000000000 Document #S-5 Filed 01/22/2008 Page 6 of 16
EMPLOYER'S REPORT OF CONTRIBUTIONS

EMPLOYER NAME & ADDRESS			REPORTING DATES		FOR ADMINISTRATION USE ONLY			
Er#: 358200 Phone: 707/766-9790 0666			Local: 104	For Work Performed During: 05/2007	Postmark Date: / /			
Name: M T B INCORPORATED			Rate Code: 196	Contribution Due: 06/10/2007	Deposit Date: / /			
Addr: 620 PETALUMA BLVD #C-2			Delinquent If Received After: 06/20/2007	Check Number: _____				
PETALUMA CA 94952-2870			Check Amount: _____					
CONTRACT			Entered By: _____					
Area: 0666 NORTH BAY			Agreement: 10	BUILDING TRADES				
Asso.: 81 SMACNA			Job Class: 301	JOURNEYPERSON, FOREPERSON 3				
RATE CODE 196			EMPLOYEE HOURS REPORTED			<i>All hours reported should be the actual hours worked and not multiplied by .5, 1.5 or 2. Total Hours Worked includes straight hours worked, overtime hours, and double time hours.</i>		
Total Hours Worked Rate			SOC. SEC. NUMBER	EMPLOYEE NAME (Last Name, First Name, Middle Initial)	STRAIGHT HOURS WORKED	OVERTIME HOURS	DOUBLE TIME HOURS	TOTAL HOURS WORKED
Health 8.43			565-65-1792	ALVAREZ, DANIEL				
SHC .44								
Nor Cal Pension 5.80								
National Pension 1.84								
Dues Check Off 2.32								
Appr Train 1.00								
SMOHIT .02								
Industry Prom .65								
Supp Pen 1 1.50								
Supp Pen 2 1.50								
Vacation 5.30								
Total 28.80 (1)								
Overtime Hours Rate								
Supp Pen 2 .750								
Vacation 2.650								
Total 3.400 (2)								
Double Time Hours Rate								
Supp Pen 2 1.50								
Vacation 5.30								
Total 6.80 (3)								
EMPLOYER CERTIFICATION								
<p>The Employer certifies that the information herein is correct; that this report covers all hours worked or paid during the period for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Sheet Metal Workers International Association; and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the applicable Trust Agreements, including specifically the provisions of each Trust Agreement describing liquidated damages for delinquencies and other obligations of Employers, and authorized the depository bank to transfer the moneys remitted herewith to the appropriate Trusts in accordance with instructions issued by the Trustees thereof and any Joint Services Agreement entered into. The undersigned certifies under penalty of perjury that he or she is duly authorized by the above-named employer to sign and submit this report on behalf of such Employer.</p>								
<p><i>Daniel Alvarez 6/10/07 Acctg. Mgr.</i></p>								
<p>Certifying Signature _____ Date _____ Title _____</p>								
<p><input type="checkbox"/> Check here if No Hours to report for Rate Code 196.</p>								
<p>Please retain a copy of the form(s) for your records.</p>								
<p>TOTAL HOURS: _____</p>								
<p>MULTIPLY TOTAL HOURS BY RATE: _____</p>								
<p>AMOUNT DUE: _____</p>								
<p>N/A 3.400 (2) 6.80 (3) 28.80 (1)</p>								

REMITTANCE ADDRESS

Total all form(s) and issue one check payable
**SHEET METAL WORKERS of NORTHERN
CALIFORNIA PENSION TRUST FUND**

ATTN: CONTRIBUTION DEPT.
PO BOX 45312
SAN FRANCISCO CA 94145-45312

RATE CODE 196 TOTAL AMOUNT DUE:

SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND
Case 3:07-cv-03204-PHM Document 16-5 Filed 07/22/2008 Page 7 of 10
EMPLOYER'S REPORT OF CONTRIBUTIONS

EMPLOYER NAME & ADDRESS		REPORTING DATES		FOR ADMINISTRATION USE ONLY			
Er#: 358200 Phone: 707/766-9790 0666 Name: M T B INCORPORATED Addr: 620 PETALUMA BLVD #C-2 PETALUMA CA 94952-2870		Local: 104 For Work Performed During: 05/2007 Rate Code: 217 Contribution Due: 06/10/2007 Delinquent If Received After: 06/20/2007		Postmark Date: _____/_____/_____ Deposit Date: _____/_____/_____ Check Number: _____ Check Amount: _____ Entered By: _____			
CONTRACT							
Area: 0666 NORTH BAY Asso.: 81 SMACNA		Agreement: 10 BUILDING TRADES Job Class: 150 APPRENTICE					
RATE CODE 217		EMPLOYEE HOURS REPORTED		<i>All hours reported should be the actual hours worked and not multiplied by .5, 1.5 or 2. Total Hours Worked includes straight hours worked, overtime hours, and double time hours.</i>			
Total Hours Worked Rate Health 8.43 SHC .44 Nor Cal Pension 1.20 National Pension 1.07 Dues Check Off 1.00 Appr Train 1.00 SMOHIT .02 Industry Prom .65 Supp Pen 1 .50 Supp Pen 2 .00 Vacation 1.50 Total <u>15.81</u> ⁽¹⁾		SOC. SEC. NUMBER <u>549-79-1594</u> EMPLOYEE NAME (Last Name, First Name, Middle Initial) <u>SMUCK, JASON</u>		STRAIGHT HOURS WORKED	OVERTIME HOURS	DOUBLE TIME HOURS	TOTAL HOURS WORKED
Overtime Hours Rate Supp Pen 2 .000 Vacation .750 Total <u>.750</u> ⁽²⁾							
Double Time Hours Rate Supp Pen 2 .00 Vacation 1.50 Total <u>1.50</u> ⁽³⁾							
EMPLOYER CERTIFICATION The Employer certifies that the information herein is correct; that this report covers all hours worked or paid during the period for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Sheet Metal Workers International Association; and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the applicable Trust Agreements, including specifically the provisions of each Trust Agreement describing liquidated damages for delinquencies and other obligations of Employers, and authorized the depository bank to transfer the moneys remitted herewith to the appropriate Trusts in accordance with instructions issued by the Trustees thereof and any Joint Services Agreement entered into. The undersigned certifies under penalty of perjury that he or she is duly authorized by the above-named employer to sign and submit this report on behalf of such Employer.							
Signature: <i>Yuriela Van Gool</i> Date: <i>6/10/07</i> Title: <i>Actg. Mgr.</i> Certifying Signature <input checked="" type="checkbox"/> Check here if No Hours to report for Rate Code 217. Please retain a copy of the form(s) for your records.		TOTAL HOURS: MULTIPLY TOTAL HOURS BY RATE: AMOUNT DUE:		<u>N/A</u>	<u>.750</u> ⁽²⁾	<u>1.50</u> ⁽³⁾	<u>15.81</u> ⁽¹⁾

REMITTANCE ADDRESS

Total all form(s) and issue one check payable to: **Remit form(s) and payment to:**

RATE CODE 217 TOTAL AMOUNT DUE:

SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND

Remit form(s) and payment to:

SHEET METAL WORKERS
ATTN: CONTRIBUTION DEPT.
PO BOX 45312
SAN FRANCISCO CA 94145-45

SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND
 Case 3:07-cv-00264-POTH Document 165 Filed 07/22/2008 Page 9 of 16

Fax: Aug 21 2007 03:20pm P003

EMPLOYER'S REPORT OF CONTRIBUTIONS

EMPLOYER NAME & ADDRESS

Enr: 358200 Phone: 707/766-9790 0666
 Name: M T B INCORPORATED
 Addr: 620 PETALUMA BLVD #C-2
 PETALUMA CA 94952-2870

REPORTING DATES

Local: 104
 For Work Performed During: 06/2007
 Rate Code: 298
 Contribution Due: 07/10/2007
 Delinquent If Received After: 07/20/2007

FOR ADMINISTRATION USE ONLY

Postmark Date: _____
 Deposit Date: _____
 Check Number: _____
 Check Amount: _____
 Entered By: _____

CONTRACT

Area: 0666 NORTH BAY Agreement: 20 A/C SPECIALIST
 Asso.: 81 SMACNA Job Class: 201 2ND 6 MONTHS

RATE CODE 298

Total Hours Worked Rate	
Health	.00
SHC	.44
Nor Cal Pension	.31
National Pension	.39
Dues Check Off	.76
Appr Train	.98
SMOHIT	.00
Industry Prom	.65
Supp Pen 1	.22
Supp Pen 2	.00
Vacation	.90
Total	4.65 (1)

Overtime Hours Rate	
Supp Pen 2	.000
Vacation	.450
Total	.450 (2)

Double Time Hours Rate	
Supp Pen 2	.00
Vacation	.90
Total	.90 (3)

Minimum Health Care Hours Rate	
Health	7.04
Total	7.04 (4)

EMPLOYER CERTIFICATION

The Employer certifies that the information herein is correct; that this report covers all hours worked or paid during the period for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Sheet Metal Workers International Association; and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the applicable Trust Agreements, including specifically the provisions of each Trust Agreement describing liquidated damages for delinquencies and other obligations of Employers, and authorized the depository bank to transfer the moneys remitted herewith to the appropriate Trusts in accordance with instructions issued by the Trustees thereof and any Joint Services Agreement entered into. The undersigned certifies under penalty of perjury, that he or she is duly authorized by the above-named employer to sign and submit this report on behalf of such Employer.

 Certifying Signature

Date _____ Title _____

Check here if No Hours to report for Rate Code 298.
 Please retain a copy of the form(s) for your records.

TOTAL HOURS:						
MULTIPLY TOTAL HOURS BY RATE:						
	N/A	.450 (2)	.90 (3)	4.65 (1)	7.04 (4)	
AMOUNT DUE:						

RATE CODE 298 TOTAL AMOUNT DUE:

1981. -

ADJUSTMENT
 (Note Reason)

EMPLOYER 358200 TOTAL AMOUNT DUE:
 (Check Amount)

6840.00

REMITTANCE ADDRESS

Total all form(s) and issue one check payable to: Remit form(s) and payment to:

SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND

SHEET METAL WORKERS
 ATTN: CONTRIBUTION DEPT.
 PO BOX 45312
 SAN FRANCISCO CA 94145-45312

SHEET METAL WORKERS OF NORTHERN CALIFORNIA PENSION TRUST FUND

Fax: Aug 21 2007 03:21pm P005

File # 165 Date 08/22/2007 Page 11 of 16

EMPLOYER'S REPORT OF CONTRIBUTIONS

EMPLOYER NAME & ADDRESS

Ent#: 358200 Phone: 707/766-9790 0666
 Name: M T B INCORPORATED
 Addr: 620 PETALUMA BLVD #C-2
 PETALUMA CA 94952-2870

REPORTING DATES

Local: 104
 For Work Performed During: 06/2007
 Rate Code: 118
 Contribution Due: 07/10/2007
 Delinquent If Received After: 07/20/2007

FOR ADMINISTRATION USE ONLY

Postmark Date: / /
 Deposit Date: / /
 Check Number: _____
 Check Amount: _____
 Entered By: _____

CONTRACT

Area: 0666 NORTH BAY
 Asso.: 81 SMACNA

Agreement: 01 BUILDING TRADES - PRE-APPRENTICE
 Job Class: 100 PRE-APPRENTICE

RATE CODE: 118

Total Hour Worked Rate
 Health .00
 SHC .00
 Nor Cal Pension .00
 National Pension .00
 Dues Check Off .25
 Appr Train .87
 SMOHIT .00
 Industry Prom .65
 Supp Pen 1 .00
 Supp Pen 2 .00
 Vacation .75
 Total **2.52 (1)**

Overtime Hours Rate
 Supp Pen 2 .00
 Vacation .375
 Total **.375 (2)**

Double Time Hours Rate
 Supp Pen 2 .00
 Vacation .75
 Total **.75 (3)**

Minimum Health Care
 Hours Rate
 Health 7.04
 Total **7.04 (4)**

EMPLOYER CERTIFICATION

The Employer certifies that the information herein is correct; that this report covers all hours worked or paid during the period for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Sheet Metal Workers International Association; and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the applicable Trust Agreements, including specifically the provisions of each Trust Agreement describing liquidated damages for delinquencies and other obligations of Employers, and authorized the depository bank to transfer the moneys remitted herewith to the appropriate Trusts in accordance with instructions issued by the Trustees thereof and any Joint Services Agreement entered into. The undersigned certifies under penalty of perjury that he or she is duly authorized by the above-named employer to sign and submit this report on behalf of such Employer.

Violent of Lake 7-10-157 Acctg. Mgr.

 Certifying Signature

Date

Title

Check here if No Hours to report for Rate Code 118.

Please retain a copy of the form(s) for your records.

TOTAL HOURS:

MULTIPLY TOTAL
HOURS BY RATE:

AMOUNT DUE:

N/A	.375 (2)	.75 (3)	2.52 (1)	7.04 (4)
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RATE CODE 118 TOTAL AMOUNT DUE: _____

REMITTANCE ADDRESS

Total all form(s) and issue one check payable to: Remit form(s) and payment to:

SHEET METAL WORKERS OF NORTHERN
 CALIFORNIA PENSION TRUST FUND

SHEET METAL WORKERS
 ATTN: CONTRIBUTION DEPT.
 PO BOX 45312
 SAN FRANCISCO CA 94145-45312

SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND
EMPLOYER'S REPORT OF CONTRIBUTIONS
EMPLOYER NAME & ADDRESS

Er# 358200 Phone: 707/766-9790 0666
 Name: M T B INCORPORATED
 Addr: 620 PETALUMA BLVD #C-2
 PETALUMA CA 94952-2870

REPORTING DATES

Local: 104
 For Work Performed During: 06/2007
 Rate Code: 141
 Contribution Due: 07/10/2007
 Delinquent If Received After: 07/20/2007

FOR ADMINISTRATION USE ONLY

Postmark Date: _____
 Deposit Date: _____
 Check Number: _____
 Check Amount: _____
 Entered By: _____

CONTRACT

Area: 0666 NORTH BAY
 Assn.: 81 SMACNA
 Agreement: 70 SERVICE TECHNICIAN
 Job Class: 252 TRAINEE 2ND 6 MONTHS

RATE CODE 141**Total Hours Worked Rate**

Health	.00
SHC	.44
Nor Cal Pension	1.08
National Pension	.64
Dues Check Off	.70
Appr Train	1.00
SMOHIT	.00
Industry Prom	.65
Supp Pen 1	.30
Supp Pen 2	.00
Vacation	1.80
Total	6.61 (1)

Overtime Hours Rate

Supp Pen 2	.00
Vacation	.900
Total	.900 (2)

Double Time Hours Rate

Supp Pen 2	.00
Vacation	1.80
Total	1.80 (3)

Minimum Health Care

Hours Rate	
Health	7.04
Total	7.04 (4)

EMPLOYER CERTIFICATION

The Employer certifies that the information herein is correct; that this report covers all hours worked or paid during the period for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Sheet Metal Workers International Association; and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the applicable Trust Agreements, including specifically the provisions of each Trust Agreement describing liquidated damages for delinquencies and other obligations of Employers, and authorized the depository bank to transfer the moneys remitted herewith to the appropriate Trust in accordance with instructions issued by the Trustees thereof and any Joint Services Agreement entered into. The undersigned certifies under penalty of perjury that he or she is duly authorized by the above-named employer to sign and submit this report on behalf of such Employer.

Certifying Signature: _____

Date: _____

Title: _____

 Check here if No Hours to report for Rate Code 141.

Please retain a copy of the form(s) for your records.

TOTAL HOURS:

MULTIPLY TOTAL HOURS BY RATE:

AMOUNT DUE:

N/A	.900 (2)	1.80 (3)	6.61 (1)	7.04 (4)
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RATE CODE 141 TOTAL AMOUNT DUE: _____

REMITTANCE ADDRESS

Total all form(s) and issue one check payable to: Remit form(s) and payment to:

SHEET METAL WORKERS OF NORTHERN CALIFORNIA PENSION TRUST FUND

 SHEET METAL WORKERS
 ATTN: CONTRIBUTION DEPT.
 PO BOX 45312
 SAN FRANCISCO CA 94145-45312

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EMPLOYER NAME & ADDRESS

En#: 358200 Phone: 707/766-9790 0666
Name: M T B INCORPORATED
Addr: 620 PETALUMA BLVD #C-2
PETALUMA CA 94952-2870

REPORTING DATES

Local: 104
For Work Performed During: 06/2007
Rate Code: 196
Contribution Due: 07/10/2007
Delinquent If Received After: 07/20/2007

FOR ADMINISTRATION USE ONLY

Postmark Date: _____ / _____ / _____
Deposit Date: _____ / _____ / _____
Check Number: _____
Check Amount: _____

CONTRACT

Area: 0666 NORTH BAY Agreement: 10 BUILDING TRADES
Area: 81 SMACNA Job Class: 301 JOURNEYPERSON, FOREPERSON 3

RATE CODE 196

Total Hours Worked	Rate
Health	8.43
SHC	.44
Nor Cal Pension	5.80
National Pension	1.84
Dues Check Off	2.32
Appr Train	1.00
SMOHIT	.02
Industry Prom	.65
Supp Pen 1	1.50
Supp Pen 2	1.50
Vacation	5.30
Total	<u>28.80</u>

Overtime Hours Rate

Supp Pen 2	.750
Vacation	2.650
Total	3.400 (2)

Double Time Hours Rate	
Supp Pen 2	1.50
Vacation	<u>5.30</u>
Total	6.80

EMPLOYEE HOURS REPORTED

*All hours reported should be the actual hours worked and not multiplied by 6, 1.5 or 2.
Total Hours Worked includes straight hours worked, overtime hours, and double time hours.*

Certifying Signature

Carrying signature _____ Date _____

Check here if No Hours to report for Rate Code
Please retain a copy of the form(s) for your records

Please retain a copy of the form(s) for your records.

REMITTANCE ADDRESS

Total all form(s) and issue one check payable to: Remit form(s) and payment

SHEET METAL WORKERS of NORTHERN CALIFORNIA

RATE CODE 196 TOTAL AMOUNT DUE:

EMPLOYER NAME & ADDRESS

REPORTING DATES

FOR ADMINISTRATION USE ONLY

Ent#: 358200 Phone: 707/766-9790 0666
Name: M T B INCORPORATED
Addr: 620 PETALUMA BLVD #C-2
PETALUMA CA 94952-2870

Local: 104
For Work Performed During: 06/2007
Rate Code: 227
Contribution Due: 07/10/2007
Delinquent If Received After: 07/20/2007

Postmark Date: _____ / _____ / _____
Deposit Date: _____ / _____ / _____
Check Number: _____
Check Amount: _____
Entered By: _____

CONTRACT

Area: 0666 NORTH BAY Agreement: 10 BUILDING TRADES
Asso.: 81 SMACNA Job Class: 302 JOURNEYPERSON, FOREPERSON 4

RATE CODE 227

Total Hours Worked	Rate
Health	8.43
SHC	.44
Nor Cal Pension	5.80
National Pension	1.84
Dues Check Off	2.32
Appr Train	1.00
SMOHIT	.02
Industry Prom	.65
Supp Pen 1	1.50
Supp Pen 2	3.50
Vacation	5.30
Total	30.80

Overtime Hours Rate
Supp Pen 2 1.750
Vacation 2.650
Total 4.400 (2)

Double Time Hours Rate	
Supp Pen 2	3.50
Vacation	<u>5.30</u>
Total	8.80 (3)

EMPLOYEE HOURS REPORTED

*All hours reported should be the actual hours worked and not multiplied by .5, .75 or 2.5.
Total Hours Worked includes straight hours worked, overtime hours, and double time hours.*

REMITTANCE ADDRESS

Total all form(s) and issue one check payable

SHEET METAL WORKERS of NORTHERN

**SHEET METAL WORKERS OF NORTH
CALIFORNIA PENSION TRUST FUND**

PO BOX 45312
SAN FRANCISCO CA 94145-45312

RATE CODE 227 TOTAL AMOUNT DUE: